FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

1307 TENBY WAY

2a. Mailing Address

26

PALM HARBOR FL 34683-6125

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Wortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600006629 (5)

GORHAM ROOFING, INC.

Principal Place of Business

2. Principal Place of Business

PALM HARBOR FL 34683

SIGNATURE:

1307 TENBY WAY

Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State: 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country $Z_{\rm IP}$ Country This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes Yes No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD GORHAM 10BERT m. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable 62 CORAL GABLES FL 33134 **B3** City Zip Code 34683 84 HARBOR ALM 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered apent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered spent. I am familiar with, and accept the appointment as registered spent. I am familiar with, and accept the appointment as registered spent. I am familiar with, and accept the appointment as registered. 28 SIGNATURE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 96/6) 13. DELETE 1.1 TITLE Change Addition TITLE PSTD GORHAM, ROBERT M 1.2 NAME NAME 1307 TENBY WAY 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 1.4 CITY - ST-ZIP CITY - ST - 7IP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP City-\$1-762 THEF DELETE 3 1 TITLE Change ☐ Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THUE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - ZIP 44 City-St-ZiP DELETE Change Addition THLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 7a2 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

FILED Mar 06 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

Not Applicable



3. Date Incorporated or Qualified

65-0640792

01/22/1996